



Iowa's Health Improvement Plan 2012-2016

2015 Revisions

Access to Quality Health Services and Support

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What Critical Needs Are Included

Affordability/Insurance
Availability and Quality of the Health Care Workforce
Health Care Quality
Transportation



Measures of Progress

1-1 An increase in the proportion of people with health insurance.

Target: 100%.

Baseline: 88% (2009-2010).

Most recent data: 92% (2013).

Data Source: [U.S. Census Bureau. Health Insurance Main, Latest Release, Detailed Tables: Health Insurance Coverage Status and Type of Coverage by State and Age for All People: 2013.](#)

1-2 An increase in the number of direct care professionals¹ in the state.

Target: 83,000.

Baseline: 73,214 (2012).

Most recent data: 78,009 (2014 estimate).

Data Source: [Direct Care worker \(DCW\) Advisory Council Report to Legislature - March 2012](#), p. 8.

1-3 An increase in the proportion of people who have one person as a health provider.

Target: 82.5%.

Baseline: 75% (2011).

Most recent data: 74% (2013).

Data Source: [Health in Iowa: Annual Report from the Behavioral Risk Factor Surveillance System](#), p. 17.

¹ A direct care professional is an individual who provides supportive services and care to people experiencing illnesses or disabilities and receives compensation for such services. This definition excludes nurses, case managers, and social workers. Direct care professionals provide hands-on care and support to individuals of all ages in settings ranging from services in-home and community-based settings to acute care in hospitals.

1-4 An increase in the proportion of children whose parents report adequate² health insurance.

Target: 86%.

Baseline: 78% (2007).

Most Recent Data: 80% (2011-2012).

Data Source: [Indicator 3.4, National Survey of Children's Health](#).

1-5 An increase in the number of counties that assess implementation of the Emergency Medical (EMS) System Standards.

Target: 99 counties.

Baseline: 70 counties (2013).

Data Source: [EMS System Standards Progress Report](#), July 2013.

1-6 A continuation of the same level of non-medical transportation services to medical appointments for the anticipated increase in Medicaid members.

Target: 1.14%.

Baseline: 1.14% (2011).

Most Recent Data: 1.2% (2014)

Data Source: [Iowa Medicaid, Non-Emergency Medical Transportation \(NEMT\) Statistics](#), Stats: January 1 - December 31, 2014.

What Our State Is Doing to Improve (by 2016 unless otherwise indicated)

Affordability / Insurance		Lead Organizations
1-1.1	Provide local boards of health and local public health agencies in Iowa with information and tools necessary to prepare for changes in the health care delivery system and to implement the changes in response to the Affordable Care Act ³ and the new health care environment.	Iowa Department of Public Health

² Adequacy criteria include: the child's health needs are met; the child is allowed to see needed providers; and out-of-pocket expenses are reasonable.

³ The [Affordable Care Act](#) requires states to have a health benefit exchange (HBE) certified or conditionally certified on January 1, 2013, or the federal government will operate an exchange for the state. Individuals and small businesses can use HBEs to purchase affordable health insurance from a choice of products offered by qualified health plans.

Availability and Quality of the Health Care Workforce

Lead Organizations

- 1-1.2 Increase training for students in direct care programs to work with persons with disabilities.

Prevention of Disabilities Policy Council

Health Care Quality

Lead Organizations

- 1-1.3 Develop a statewide, coordinated long-term care information and service system.

Iowa Department on Aging

- 1-1.4 Increase the number of safety net and rural providers connected to the Iowa Health Information Network⁴ from 0 to 50⁵ so that service providers can communicate with each other in exchanging health records electronically.

Iowa e-Health Executive Committee
and Advisory Council

- 1-1.5 Increase the spread of the community-wide application of the Iowa Physician Orders for Treatment (IPOST). *(Revised from the 2013 objective 1-1.7)*

Iowa Healthcare Collaborative; Iowa
Department of Public Health

- 1-1.6 Produce policy recommendations and strategies to reform the health care payment system. Rather than be reimbursed by the volume of services they provide, providers will be reimbursed for providing care coordination and delivering quality services that are proven to keep people healthy, reduce errors, and help avoid unnecessary care.

Patient-Centered Health Advisory
Council

- 1-1.7 Evaluate approaches used to implement the TeamSTEPPS⁶ quality improvement program in Iowa community hospitals. *(Revised from the 2013 objective 1-1.9)*

U of Iowa College of Public Health

- 1-1.8 Continue to advance patient-centered medical homes⁷ in Iowa. *(Revised from the 2014 objective 1-1.9)*

Patient-Centered Health Advisory
Council

⁴ The Iowa Health Information Network is a system that allows electronic health record data to be securely shared among health care providers.

⁵ The initial focus will be on large health systems and primary care providers along with federally qualified health centers.

⁶ Team STEPPS is a teamwork system jointly developed by the Department of Defense and the Agency for Healthcare Research and Quality to improve patient safety, communication, and teamwork skills among health care professionals.

⁷ A medical home is comprised of a primary care team of health professionals working to coordinate and provide enhanced patient-centered care.

- 1-1.9 Assist counties in reducing the burden on the administrative volunteer EMS community and providing a quality, efficient, and effective EMS that is responsive to the organizational needs noted in their EMS System Standard Self-Assessment.
(Revised from original 1-1.13)

Emergency Medical Services Advisory
Council

Transportation

Lead Organizations

- 1-1.10 Provide transportation to health care services by making available State Transit Assistance Special Project funds to Iowa's 35 public transit agencies.

Iowa Department of Transportation

- 1-1.11 Promote the non-emergency medical transportation services that are available for Medicaid members through training, presentations, and other channels.

Iowa Medicaid Enterprise

Other Plans Relating to Access to Quality Health Services and Support:

[Iowa Cancer Plan](#)

[Iowa Olmstead Plan for Mental Health and Disability Services: State Plan Framework \(2011 - 2015\)](#)

[Iowa State Plan on Aging 2014-2015](#)

[State Health Care Innovation Plan](#)